

US ARMY RESERVE AND ARMY NATIONAL GUARD INCENTIVES DECLARATION STATEMENT

(For use of this form see USAREC Reg 601-37)

PRIVACY ACT STATEMENT**AUTHORITY:** Collection of this information is authorized by 5 USC, section 552a.**PRINCIPAL PURPOSE:** Information collected will be used to identify USAR or ARNG applicant and Soldier selection of health care professional incentive programs they wish to be considered for.**ROUTINE USES:** None.**MANDATORY OR VOLUNTARY DISCLOSURE:** Disclosure of this information is voluntary; however, failure to provide the information may delay or terminate participation in any health care professional incentive program.

TO: Commander
US Army Recruiting Command
ATTN: RCHS
1307 3rd Ave
Fort Knox, KY 40121-2725

FROM: Commander
CA ARNG Assession Task Force
OSM - Specialty Recruiting
2882 Prospect Park Drive, Suite 400
Rancho Cordova, CA 95670

1. Reference: Memorandum from Office of the Chief, Army Reserve, Subject: Army Reserve Medical Department Officer Incentive Programs for applicable fiscal years.

2. The following incentives are currently available to applicants and Soldiers in specified (Wartime Critical Shortage List) areas of concentration in the US Army Reserve or Army National Guard. Applicant must initial next to the appropriate incentives he or she wishes to be considered for. Place a number (1 or 2) next to your initials to denote which incentive you wish to receive first (Special Pay or Health Professional Loan Repayment Program (HPLRP) only).

- a. Special Pay - 1 year. Applicant initial _____ 1
- b. Special Pay - 2 year. Applicant initial _____ 2
- c. Special Pay - 3 year. Applicant initial _____
- d. Specialized Training Assistance Program (STRAP). Applicant initial _____
- e. Health Professional Loan Repayment Program (HPLRP). Applicant initial _____
- f. Medical/Dental School Stipend Program (MDSSP). Applicant initial _____

3. My signature below indicates I understand that none of the above stated USAR or ARNG incentives may be received concurrently. (This statement is not applicable to the STRAP (stipend) or HPLRP dual incentive program.) I also understand that any service obligation(s) I may incur by receipt of these incentives may not be served concurrently.

4. This declaration serves only as a written notice by the applicant or Soldier that he or she wishes to be considered for the above stated incentives. Eligibility will be determined in accordance with memorandum referenced in paragraph 1.

5. Military Service Obligation (*Initial a ppropriate statement*):

a. _____ I am not serving or have not incurred a military service obligation resulting from prior participation in the US Army Health Professions Scholarship Program, Financial Assistance Program, Uniformed Services University of Health Sciences, Reserve Officers' Training Corps, Health Professional Loan Repayment Program, or Government-sponsored or nonsponsored Graduate Medical Education.

b. _____ I am serving, have incurred, or am incurring a military service obligation resulting from prior participation in the US Army Health Professions Scholarship Program, Financial Assistance Program, Uniformed Services University of Health Sciences, Reserve Officers' Training Corps, Health Professional Loan Repayment Program, or Government-sponsored or nonsponsored Graduate Medical Education.

TYPED NAME OF APPLICANT:

SIGNATURE OF APPLICANT:

DATE:

TYPED NAME AND RANK OF RECRUITER:

SIGNATURE OF RECRUITER:

DATE: